

Indiana Professional Licensing Agency 302 West Washington Street, Room E034 Indianapolis, IN 46204 Telephone: (317) 232-2980 www.in.gov/pla

INSTRUCTIONS:

- 1. Include a letter of certification of your license from the state where you hold a valid real estate license.
- 2. Pay the appropriate licensing fee.
- 3. Take and successfully pass the Indiana licensure law section of the broker or salesperson exam, whichever is applicable. (You will receive instructions on how to schedule the examination upon approval of this application.)

and the experience of the expe	_	з аррпсаноп.)		
Check one:	☐ Broker (\$50)			
* This agency is requesting your Social Department of Revenue. Pursuant to liability company shall be a resident of	Indiana Code 25-34.1-3-4.1,			
	APPLICANT	INFORMATION		
Name of applicant		State of licensure	I '' —	se applying for: esperson ker
Address (number and street, city, state, ZIP code	9)			
Social Security number *	Date of birth	Business telephone number	Home telep	hone number
		()	()
1. Have you had any complaints filed against yo	ou with the Indiana Real Estate Commis	sion or the Real Estate Commission of a	any other state?	
☐ Yes ☐ No	If yes, please explain on separate	sheet(s) of paper. Include docume	entation.	
2. Have you ever been convicted of an act that practice competently?		•		irect bearing on your ability to
3. Have you ever been refused a real estate lice		sheet(s) of paper. Include docume ked or suspended in this or any other sta		
4. Do you agree to conform to all rules, regulation		sheet(s) of paper. Include docume ommission?	entation.	
☐ Yes ☐ No				
All salespersons or brokers affiliating with	an Indiana principal broker shall ha	ave that broker complete the followi	ing section.	
The Indiana licensed broker for the State with full responsibility for Salesperson's / E				ned to the requesting broker
Name of requesting broker		Date (month, day, year)	Requesting broker's license number: IB no or Co. no	
Broker's resident address (number and street)		Name of company		
City, state, ZIP code		Company address (number and street, if applicable)		
Signature of requesting broker		City, state, ZIP code		Telephone number
				()
1	rmation provided in this applica	tion is true and correct and that	the Indiana F	Real Estate
	addituitiess in considering the	··-		
Signature of applicant			Date (month, day	v, year)

CONSENT TO SERVICE OF PROCESS				
Pursuant to India	ana Code 25-34.1-3-5(c), I	of the city of		
	, State of	do hereby		
consent to the fol	illowing:	·		
(1) that any action arising out of my business in Indiana may be commenced in any county of this state in which the cause of action accrues;				
(2) that service of process may be made upon the Indiana Real Estate Commission, as my agent; and (3) that service in accordance with the Indiana Rules of Trial Procedure subjects me to the jurisdiction of courts in that county.				
Signature of applicant				